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ABSTRACT

The issue of children of alcoholics (COAs) is discussed in this document, focusing on COAs in school. The topics of authority in the family and family relationships are discussed. The roles (hero, lost child, mascot) COAs adopt and how these roles are manifested in school are discussed. It is noted that COAs are seeking to have fundamental needs met in peer relationships while the rest of the students are having social needs met. The isolation of the family with an addict is discussed, focusing on the effects of this in school. These 10 specific steps for success with COAs in school are presented: (1) conduct at least one formal program per year for faculty and staff on addiction and family systems; (2) expand drug and alcohol policies to include other addictive behaviors and the addiction of others; (3) provide opportunities for recovering Adult Children of Alcoholics (ACOSs) to tell their stories; (4) provide encouragement for faculty and students who seek help for problems stemming from family addiction; (5) remember some adults in schools are recovering COAs in need of help themselves; (6) provide facilities and time for counseling groups as needed; (7) do not accept behavior at face value; (8) trust one's instincts about suspected family dysfunction; (9) identify a recovering ACOA on the staff to serve as a resource person; and (10) inform parents of expanded addiction policies. (ABL)

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CHILDREN OF ALCOHOLICS IN SCHOOLS

A CALL TO COMPASSION

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CRIS Perspectives on the School

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CHILDREN OF ALCOHOLICS IN SCHOOLS: A CALL TO COMPASSION

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Long shadows fell across the campus. Afternoon sports were over for the day, and the last of the students' cars had careened out of the parking lot heading home. I heard the janitors finish their work in the halls and lock the doors as they left for the evening. I sat at my desk and put the last touches on some work I didn't want to take home. I liked this time of day at school. The peace and quiet balanced the barely controlled chaos of the school day. There was almost a sanctity about the place.

I finished my work and walked out into the warm sun of an early fall evening. The sweet nostalgic smell of the newly mown athletic fields hung in the air, reminding me of a time long past. As the door closed behind me I noticed Charles, sitting alone on the front steps. Charles, a friendly, mild-mannered, slightly overweight eleventh-grader. A dedicated, if not outstanding, member of the football team, average student. Nice guy.

"Hi, Charles. How was practice?"

"Oh hi, Mr. P. Working late? Yeah, practice was OK, thanks."

"Charles, do you need a ride or something?"

"Nah, thanks. I've got my car."

"OK, see ya tomorrow."

I walked away a few steps but didn't feel comfortable. My instincts told me that there was something more going on. I felt sad as I thought of him sitting there alone. I stopped and turned.

"Charles, is anything wrong?"

He looked up, surprised.

"Not a thing, Mr. P. Why?"

"Well, you're just sitting there. Aren't you going home?"

"Yeah, after a while. I'm just thinking a few things through."

"Is there something you'd like to talk about?"

"Nah. Thanks. No problem. See ya tomorrow, Mr. P."

"Good night, Charles."

I drove home, but I wasn't satisfied. I'd been around kids too long to take this at face value. Some time later, i found the answers to my questions. First I discovered that Charles' parents had split up. Then the school counselor told me that Charles' father had entered treatment for alcoholism and drug addiction. It became clear to me that Charles had been sitting alone on the steps rather than heading home for another night of emotional confusion and pain.

When I met Charles on the steps that evening he was doing what children raised in alcoholic homes do so well: maintaining—learning to deny his own feelings, and learning how to lie to the outside world. "What's wrong, Charles?" There was a lot wrong, but the rules that Charles was living by required that he say nothing.

THE ISSUE

Some researchers estimate that there are six million children of alcoholics (COAs) and 22 million adult COAs (ACOAs). These people are struggling to make rational adjustments to the irrational world of addiction. Most manage to survive, but often at the expense of their full psychological and emotional potential.

Charles was lucky, in a way. When his father entered treatment his whole family received help as well. In addition to family counseling, Charles began attending an Alateen group that gave him the personal support he needed to recover from his accommodations to an addicted family system.

But most don't get help as teenagers. They grow to adulthood guessing what normal is and are at risk for alcoholism, addiction, emotional problems, troubled relationships, problems at work, and more. Author and human-relations counselor Janet Woititz has studied ACOAs and has made some generalizations based on comments that ACOAs have made to her. She finds that ACOAs:

- guess at what normal is
- have difficulty following a project through from beginning to end
- lie when it would be just as easy to tell the truth
- judge themselves without mercy
- have difficulty having fun
- take themselves very seriously
- have difficulty in intimate relationships
- overreact to changes over which they have no control
- constantly seek approval and affirmation
- feel that they are different from other people
- are either super responsible or super irresponsible
- are extremely loyal even in the face of evidence that their loyalty is undeserved
- are impulsive. (1)

Not all COAs exhibit all of these traits all of the time. Furthermore, the list is not exclusive to COAs. In fact, these behaviors are very human and natural parts of growing up. The difference is that these are *passing stages* for normal children. For COAs, however, these traits are a deadly serious attempt to make sense out of the chaos that addiction has created in their lives. Therapists call these traits *dysfunctional* for the COA, because they will not accomplish what he or she intends. These children will often get trapped in the dysfunctional behaviors and carry them into adulthood. The task for caring adults in schools is to learn to recognize the difference between the normal challenges of adolescent behavior, on the one hand, and behavior that is a cry for help from the forbidden land of the addicted family, where children are forbidden to speak the truth.

COAs In School

For the child raised in an alcoholic or otherwise addicted family, the world is a very difficult place in which to grow up. Addicted families have their own rules, and COAs, like most children, will try to practice what they learn at home. The sad fact is that COAs become sick with their parent's addictive disease, and they will try, beyond reason, to practice what they have learned.

To understand COAs in school we need to be aware of three sets of issues: issues of authority, issues involving relationships, and issues arising from isolation. An understanding of these three sets of issues will give necessary insight into the nature of the COA world, and may provoke school people to seek a deeper understanding of the problem and of creative ways to help.

AUTHORITY

Authority is essential in a healthy family; parents are comfortable exercising it, and children learn to accept it as necessary for their safety and survival.

In an alcoholic or similarly dysfunctional family, lines of authority are not clear. "Just who's in charge here?" is the implicit question constantly being asked. Parents and children are distracted by addiction and its many problems. Their relationship may be in jeopardy. Finances may be a disaster. There is dishonesty and free-floating guilt and shame. For the addict, it's a full-time job maintaining the addiction; for the spouse, it's a full-time job trying to maintain a relationship with an active addict. Children who need guidance and nurture become reactors to the increasing chaos created by the addict. There just isn't a lot of time for the normal demands of family life.

As a result of arbitrary and inconsistent authority, the children develop a distorted view of the appropriate role of authority. Authority figures in school, such as teachers, coaches, and administrators, present a problem for COAs. A school is an authoritarian environment; in one activity after another adults are put in authority over the student. Most students question this authority at one time or another, but the COA has much more reason to question. Who are these people? What right to they have to tell me what to do? Why should I expect their authority to be any more reliable than what I get at home? Do adults come in different versions, or is this just going to be more of the same inconsistency?

COAs will position themselves in a self-protective stance. It is easier to prejudge the authority than to remain open and thus vulnerable to inconsistency and maybe harm. By predetermining the relationship, the COA gains a measure of control. This situation may be experienced by the teacher or coach as a good or bad thing. Some students will assume a negative posture, being disruptive, self-destructive, or hostile to authority. This, of course, drives teachers crazy and brings out the worst in them, which, in turn, fulfills the student's expectations. Other COAs will do everything they can to please the teacher. This makes the teacher feel like a great success. Still others will try to remain invisible, avoiding any possible trouble before it happens.

All these responses to authority accomplish the same thing. They allow COA students to control relationships with adults so that they will not be vulnerable to unpredictable outcomes. Adult authority figures in school need to realize that for a COA even a negative response from an authority figure is preferable to the anxiety of an unpredictable response.

RELATIONSHIPS

In healthy families, children can safely practice the skills for having relationships with other people. They watch the behavior of their parents and other adults in the family as models, and then try out what they have observed. It's like playing dress-up. Boys and girls are always sneaking into their parent's closets and drawers, taking out their things, trying on their clothes, looking in the mirror, and wondering what life will be like when they are grown up. They sneak into their parents' relationship, too, and try on the behaviors and responses they see there.

In an alcoholic home, or a home that is similarly preoccupied, what children see is two people in a relationship with the addiction. It may be alcohol, drugs, pornography, or sexual affairs. The type of addiction doesn't really matter. The nature of addiction is such that the primary relationship in the family is with the addiction, and human beings come second. The children see two people, or one if the parents are no longer together, struggling to survive in relationships that are devoid of human intimacy. Addiction is progressive, and, in time, the disease assumes a dominant role in the family, isolating each family member, making fulfilling relationships impossible.

Children do the best they can. Whether or not Mom and Dad offer good models, they will still try to develop the capacity for having relationships with other people. They begin by adapting distinct personal styles within the primary relationships of their families.

Roles

Growing up needs to be a time of trying on all kinds of roles, learning which ones work, and which ones don't. Trying on different roles is child's play, and it should be safe. But in the sick family, role-play is deadly serious. Nothing feels good, and nothing is safe. That's the rule. It's what kids learn to count on. This can create a problem for educators, and even classmates, who seek to develop relationships with these children. COAs are not usually available for personal relationships. They may try, but the skills are not well-developed. They are relationally impaired, suffering from extreme difficulty with the intimacy necessary for healthy relationships. The problem, however, is that they are consummate actors. They practice their roles at home all the time, and when they get out into the world they are smooth. Most educational professionals are no match for a well-rehearsed COA. A relationship with a COA can often be very intense, but it can also be frustrating, and even destructive.

Sharon Wegscheider-Cruse, author of *Another Chance: Hope and Help for the Alcoholic Family* (2), has identified four roles that children tend to adopt in alcoholic families. There are many ways to describe these roles, but the sad point is that the children have to take on a role at all to find a place for themselves in their confusing family. Furthermore, these roles are not exclusive, and children will often drift from one to another, trying to find a personal style that feels good within a network of relationships where no one feels good.

The roles adopted by children in alcoholic families, according to Wegscheider-Cruse, are: the **Hero**, often the oldest who takes on the burden of responsibility for the family; the **Scapegoat**, the problem-child who takes the blame for the family's problems by shifting the focus to his or her own troubles; the **Lost Child**, the sweet child who withdraws and often loses him- or herself in fantasy; and the **Mascot**, who distracts and entertains, often at the expense of his or her own serious needs.

Heroes will often delight the faculty. They will head the committees, organize the pep rally, do the extra credit work, carry a heavy class load, console a teacher on a bad day,

or win the prizes. In other words, they are wonderful. To be sure, not all high-achieving kids are COAs, but some of them are, and if school officials are not aware of it they may, in fact, reward them for their suffering rather than for their achievement.

Scapegoats are the opposite of Heroes. While not all disciplinary problems in school are COA Scapegoats, a significant number may be. They absorb an enormous amount of time and energy from faculty. They are gifted in their ability to disrupt the system. They are often in the disciplinarian's office, and they push their teachers to the edge. Their reputation tends to precede them as they advance through the school. They are at high risk for substance abuse, probably not because they are more genetically predisposed than other COAs, but because drugs and alcohol are the quickest way to get the outlaw reputation they desire. In school society the substance abuser is truly "bad." The problem for the school is that these COAs are not going to change their behavior in response to all the mounds of discipline and—from their perspective—abuse heaped upon them by the authorities. To these COAs the many problems they encounter are like the prizes the Heroes receive, the recognition for a job well done. If all the adults are going nuts about the Scapegoat's behavior, then all is as it should be. This is what Scapegoats expect from the adults in their world.

Lost Children slip through all the cracks, and schools have a lot of cracks to slip through. If a student is neither excelling nor getting in trouble, he or she can become just one of the crowd. But the COA Lost Child is not one of any crowd. This COA will spend time alone or seek out activities where there is little competition or exposure to others. If this child is lucky there will be a loner on the faculty who can identify with him or her. Sometimes there will be an outlet in an art studio or a practice room, or maybe the computer room. But often the Lost Child remains just that—lost.

It would be comforting to think that this child would be painfully shy in the classroom and thus easy for a teacher to spot. This is not always possible, however, because most COAs are actors who have learned to keep up appearances. They will rarely let their real feelings show. They are chameleons. The Lost Child will usually learn to maintain an acceptable level of involvement. After all, the point is to become invisible, and not attract attention. Lost Children feel responsible enough for the trouble at home, so they are not likely to cause trouble at school. Their pain is locked deep inside, so deep that sometimes it is realized only after an emotional breakdown.

Finally, there are the Mascots. Enter the class clown. It is amazing the repertoire a COA is able to develop to keep the class entertained. The Mascot may be an obnoxious wise guy, or possess a genuinely fine wit. Either way the Mascot gets laughs, and this is attention, a sort of acceptance. This child has a role to play, even if it is just to provide comic relief. But Mascots are not always fools. Like other COAs, they are often genuinely sensitive. They are familiar with pain and can often be compassionate listeners who can turn a tear into a smile with a well-timed, often self-effacing, joke. These COAs may also be genuinely gifted, taking the leads in school plays and musical programs.

Once in a while the Mascot will go too far and misbehave in class. But the Mascot isn't usually in trouble. In fact, even teachers will find themselves laughing at this skilled performer. Everybody gets caught up in the show, and when it's over they all go about their business. The Mascot, on the other hand, doesn't have any other business to go about. When he or she can't make people notice how clever, talented, funny, daring, and special they are, then there remains only honest eye-to-eye relationships with other kids, and the COA has no confidence in this area. Others may see them as very talented,

but Mascots hold themselves in low esteem. It is easier and a lot more familiar for them to be lonely than to take the risk of being rejected.

Peer Relationships

I haven't said much about peer relationships apart from the various COA roles. Needless to say, peer relationships in school are like tap-dancing on a mine field for COAs. They don't come to school with workable models, so they have to experiment. The problem with this is that all the other children are trying out new behaviors also. The COAs are looking to have *fundamental* needs met through relationships with their peers, while the rest of the kids are having *social* needs met. Other kids don't realize this of course, and even if they did there isn't much that they could do about it. They just are no match for the deep needs of the COA, who is seeking refuge from an emotionally chaotic home life.

In a book written about the problems COAs experience with intimacy, Janet Woititz writes:

> You didn't have an effective role model for loving relationships. You have to make it all up. What you *did* know is that you didn't want to be like your parents, but you didn't know how to filter the destructive actions from the good actions. So you created a fantasy about how ideal relationships work from a fanciful blend of what you imagined, saw at a distance, or observed on TV. (3)

Simply stated, relationships can be complex for everyone, but they are always complex for COAs. COAs must take extra care and effort regardless of the nature of the relationship. Woititz is careful to point out, however, that the effort is usually worthwhile. She writes, "Children of Alcoholics are the most loving and loyal people around. They offer more than any other group of people I know." (4)

ISOLATION

Isolation is a primary symptom of alcoholism and other addictions. The reason is simple. As the disease progresses, the addict perceives that his or her life literally depends upon the drug of choice. This is the real meaning of "chemically dependent." It's not just that the person "needs" the drug, in the way one might crave a cold drink on a hot day, nor is it even the longing of the lover who misses the beloved. The addict physically and/or psychologically perceives that the drug is a basic requirement to stay alive.

It is hard for people who are not addicted to understand this sense of urgency. Non-addicted people are forever encouraging or threatening the addict. "Just say no," proclaim the ads. Well, this may be good advice for the occasional user, or someone who may be contemplating a first use, but recovering addicts know that it was never simply a matter of choice. *The addict maintains a personal relationship with a chemical or an object as a life or death issue.* Friends and family members may see that the addict is suffering physically, or even dying. He or she may be destroying a marriage and a family, permanently damaging children, ruining a career, spending the family savings, alienating friends. But the addict sees the situation differently: he or she is just trying to gain a small degree of peace, attempting to treat a pain, but unable to identify precisely where it hurts.

Family members act and react in a constellation around these isolated individuals, eventually assuming their own roles. As we have seen, these roles are an attempt to make a rational accommodation to an irrational situation—which can't be done. Thus all members of the family become sick in their

own ways. In time, the family can only interact out of these addicted roles, rather than as fully functioning human beings.

If the process is not arrested through intervention and treatment, the entire family will itself withdraw from friends and society. The family unit, which is otherwise scarcely functioning as a unit, becomes isolated like the addict, and it learns methods of survival over and against all who might threaten the addicted reality.

Schools represent a major threat to the addicted family because they assume a cooperative relationship with the family in educating children. Faculty and administrators often talk of a partnership with parents, expecting them to reinforce the educational process. Parents are expected to see that the children develop good study habits, have times of quality recreation, get adequate rest and health care, receive discipline and supervision, and so on. When there is a serious problem in school, parents are the first to be called for help, and well they should be. However, these assumptions don't apply to the addicted family, and there may be a serious problem when that instinctive call home is made to the home of an addicted family.

A well-meaning call by a school head or chaplain is a sign of concern about a particular student. To an addicted family, however, the call is an intrusion by an outsider who represents a threat to the closed, self-regulating, dysfunctional family. Defensiveness and denial are normal whenever a child is having a problem in school, but in a healthy family parents eventually join with the school in working toward a solution. Not so in the addicted family; defensiveness and denial are powerful weapons that are employed with great skill to keep the school on the outside. The concerned caller may experience overt resistance, or, strangely enough, effusive agreement, with little or no follow-through. The caller, who is not aware of the potent issues involved, will feel frustrated and confused as he or she is increasingly drawn into the addicted chaos.

Addicted parents do their best to be good parents, but we need to remember that there is a primary relationship in the family that has nothing to do with raising children. Furthermore, there is a law of isolation and secrecy in the family which must be maintained at all costs. Parents and children in an addicted family are trained by the addiction to lie, and school people—almost without exception—fail to appreciate how skillful children and their parents can become at deception. COAs and their parents are masters at protecting the secret of addiction.

The COA in school is living in a bubble. The secrets of the family, the pain of even the previous night, stay safe within, while life on the surface goes on. As long as everything *stays* on the surface, the secrets are safe. While other children are investing their entire beings in the experiences of childhood, the COA is learning to compartmentalize, and to control experiences. This child invests only those parts that do not threaten the secret heart. Lying to others and to oneself becomes a way of life, even when it would be just as easy to tell the truth.

No malice exists in any of these behaviors. COAs are law-abiding children, but they are growing up under different laws than those of their classmates. At home they are fighting for their lives emotionally, and they come to school as warriors, weary from the battles. It is no surprise that well-meaning adults in school who, for example, just want to teach math, win some games, keep a quiet study hall, or run a safe and efficient school, are often confounded by them. It takes training, insight, and compassion to understand and respond creatively to this critical adolescent crisis.

HOW SCHOOLS CAN HELP

Most schools have policies and procedures for the child who abuses drugs or alcohol. Counseling, treatment, and discipline are all part of the program. Some of these children who are addressed by these measures are COAs. (60% of the patients in chemical-dependency programs are COAs.) But many COAs go undetected.

Identifying COAs, and getting help for them, is not an easy task. As I have shown, there are certain traits to look for, but these traits are often shared by other adolescents with or without problems. Moreover, other family members are not likely to be cooperative if the addiction is active. And to further complicate the matter, there is always a danger that well-meaning but ill-informed people will hang labels on students and begin prying into their personal lives. This "witch-hunt" mentality always does more harm than good.

I have tried to demonstrate the reality and the significance of the problem not to create labels for particular students, but to motivate the adults who work with them in schools to look more deeply into creative solutions. The heart of the matter is the issue of *trust*. As developmental psychologist Erik Erikson demonstrated, the formation of the capacity to trust is a primary developmental task. Home and family are where children are taught to develop this capacity. There is nothing trustworthy about addiction, and as a result, COAs remain in crisis until they are able to deal with this fundamental issue.

Far more than a behavioral crisis, COAs suffer a spiritual crisis. With no idea what trust looks like and feels like, they are trying to make sense out of the world in which they are living. They search for meaning without the fundamental tools to guide their search. Thus there is a unique role for chaplains and others on the faculty and administration who possess a mature and confident faith. Adults whose personal sense of meaning is solidly grounded, and who are capable of living honestly and compassionately, can be islands of sanity for these children.

My personal experience as a COA in recovery, and my years as a chaplain and teacher, have taught me that there are specific things schools can do to create a healing environment for COAs. However, no educational technology will take the place of caring adults, who will help COAs understand the freedom and beauty they possess as children of a loving Creator.

Ten Steps for Success with COAs

1. Conduct at least one formal program per year for faculty and staff on addiction and family systems.

By now, most schools have some form of substance-abuse education. These programs are usually designed to help prevent the use and abuse of alcohol and drugs. While commendable, they are insufficient. First, addiction in our society comes in many forms. Drugs and alcohol are conspicuous, but people can be addicted in other ways that are equally destructive to them and their families. Faculty members need to understand the nature of addictive behavior and how it may effect their own lives and the lives of their students. Second, addiction is a disease with profound social implications. The effects on friends and family members can be as devastating as those experienced by the addict. Furthermore, the negative effects of addiction persist intergenerationally. Thus the extended issues of addiction are likely to touch a significant percentage of faculty and students. We need to understand this if we are to understand them.

2. Expand school drug and alcohol policies to include other addictive behaviors and behaviors resulting from the addiction of others.

Schools must have clear standards prohibiting the use of drugs and alcohol. This behavior is illegal, and clearly dangerous for the students. Few schools, however, have addressed the problem of addictive behavior, or COA behavior. These students, too, need to have appropriate limits set for their behavior and need to know that help is available when it is needed.

3. Provide opportunities for recovering adult children of alcoholic and dysfunctional families to tell their stories in assemblies, small groups, and one-to-one settings.

Students, as well as unrecovering adults, need to hear that others have been where they are, and that there are serious consequences to an inappropriate accommodation to addiction. They also need to hear stories of hope that people in recovery can share. Strangely enough, many people are surprised that COAs, and others like them, have anything from which to recover. It is an enormous relief to know that others have shared the secret pain of living in an addicted family, and that there are ways to get better.

4. Provide encouragement and recognition for faculty and students who are willing to seek help with problems stemming from family addiction.

In spite of the current media attention given to COAs, and the proliferation of "12 Step" groups, there is still a stigma attached to the person who recognizes a problem and seeks help. Many in our society maintain the old attitude that addiction is a moral failure, and that people can solve their problems through will power. This is just not the case. Addicts and their family members need help, and schools will benefit when they get it.

5. Remember that some adults in schools are themselves unrecovering COAs who need as much help as the students.

Clinical experience has shown that adults are often developmentally frozen at the point in childhood when the accommodation was made to the family addiction. These adults may perform well, but emotionally they are trapped in childhood.

Chaplains and administrators, who are in a position to provide support and guidance for the faculty, need to be alert to the symptoms of COA behavior in themselves and their colleagues. These behaviors can be very destructive when a teacher acts them out in the classroom or on the playing field.

6. Provide facilities, and time in the daily schedule, for AA, Alateen, COA, and other 12-step groups as they are needed; and keep their literature prominently displayed.

12-step programs based on the principles of Alcoholics Anonymous have a proven record of success in the addiction field. These groups must be readily available to students and faculty at a convenient time and place. It is not enough to refer people to programs in the community, because it is difficult for students and faculty to get away during the day, and evening hours are often filled with papers and assignments. A school that is serious about helping will make it easy for people to get the help they need. Furthermore, other family members may not be supportive when a child seeks help. It is unlikely that actively addicted parents will make the effort to get help for their children.

7. Don't accept behavior at face value.

People often underestimate the skill of a person who is acting out of an accommodation to an addictive system. The definitive text of AA, "The Big Book" (5), calls alcoholism "cunning, baffling, and powerful." All addiction is like this, and the behavior of COAs is no less so. It is often a mismatch when well-meaning people try to help. The teacher or administrator is concerned with educational goals. The COA, on the other hand, is struggling with far more fundamental personal issues. To stay afloat in the stormy seas of an addicted home, the COA becomes an expert in manipulating adults. COAs will give you what they think you want, or they will create such chaos that no one gets what they want. The point is that as long as they can stay in control, COAs will be unable to receive help, and they will stay in control as long as possible.

8. Trust your instincts. If you think there might be a problem with addiction or dysfunction in the family, the odds are good that there is one.

There needs to be care and discretion, of course, but the pervasiveness of addictive problems in our society makes it likely that a significant number of students in every school is personally touched in some way. This doesn't mean that every parent is an alcoholic, drug addict, child abuser, gambler, or workaholic. It only means that there are enough addicts in our society that the problem of addiction becomes a reasonable guess when there are troubling behaviors in school. Furthermore, COA behavior is an inappropriate accommodation to a sick family system. The roles COAs adopt are functional, up to a point, but they are not "normal." Thus emotionally healthy, sensitive individuals will often intuit a problem, well before a diagnosis is made.

9. Identify a recovering Adult Child of an Alcoholic on the staff, and make it possible for them to receive special training as a resource person for the school in this area.

The psychologist or school counselor may or may not have any knowledge about or skill in treating addiction. It is a mistake to assume that professional psychological training will include adequate preparation for caring for addicts and COAs. However, many professionals today are making the effort to become trained in addiction treatment. Nevertheless, the demands placed on school counselors are such that there is rarely enough time in the day to address all the issues adequately. As a result, the counselor may only be able to deal with a student who is in an acute crisis. The majority of COAs will never be in this stage. They are skilled in managing their pain and keeping it secret. That is their problem. A trained, recovering COA will not only have the time and motivation to care for these students, but will be familiar with the many ways COAs mask the painful issues in their lives.

10. Inform parents of expanded addiction policies, including COA policies, but be prepared to support students' needs even without parental support.

There may be initial opposition to a school's expanded policy by parents who are threatened by the idea that family secrets might be revealed. Schools must remember that a parent's denial can also be "cunning, baffling, and powerful." The administration will often feel overwhelmed and may be tempted to back down in the face of such objections. *Administrators may be encouraged to realize that the force of the objection is related to the intensity of the addictive disease.* This parental opposition is a ploy to maintain the addiction, and the administrator must stand tall on behalf of students.

CONCLUSION

Educators today are well aware that alcoholism and drug abuse are critical issues in our society. Hopefully, we no longer need to quote the shocking statistics to convince people that substance abuse is seriously threatening the quality of the lives of our students. However, health professionals are just beginning to evaluate the broader implications of addictive disease. We now know that everyone who is close to the addict is in some way affected by the disease. Not all of these people become sick enough to need professional treatment, but they all share a need to understand the disease, and need support to break free from its negative consequences.

Children are particularly vulnerable to the addictive sickness of their parents. The addicted world is a crazy place to grow up in, and children naively take responsibility for this craziness. It is a lonely and frightening way to live, and children need strong advocates in their schools. Schools are not treatment centers, but they are places where healthy adults can have a positive influence on troubled children. We share every day with our students, and that is a privilege with more than academic responsibility.

Notes

(1) Janet Woititz, *Adult Children of Alcoholics* (Deerfield Beach, FL: Health Communications, 1983).

(2) Sharon Wegscheider-Cruse, *Another Chance: Hope and Help for the Alcoholic Family* (Palo Alto, CA: Science and Behavior Books, 1981).

(3) Janet Woititz, *Struggle for Intimacy* (Pompano Beach, FL: Health Communications, 1985), p. 2.

(4) Ibid., p. 71.

(5) *Alcoholics Anonymous* (New York: Alcoholics Anonymous World Services, 1976).

Recommended Reading List and Additional Resources on following page

RECOMMENDED READING

Ackerman, Robert J. *Growing in the Shadow: Children of Alcoholics*. Deerfield Beach, FL: Health Communications, 1986.

_____. *Let Go and Grow: Recovery for Adult Children*. Deerfield Beach, FL: Health Communications, 1987.

Alcoholics Anonymous World Services. *Alcoholics Anonymous*. New York: Alcoholics Anonymous World Services, 1976.

Black, Claudia. *It Will Never Happen to Me! Children of Alcoholics as Youngsters, Adolescents, Adults*. Denver, CO: M.A.C. Publishing, 1983.

Fossum, Merle A. and Marilyn J. Mason. *Facing Shame: Families in Recovery*. New York: W.W. Norton, 1986

Kinney, Jean and Gwen Leaton. *Loosening the Grip: A Handbook of Alcohol Information*. St. Louis: Times Mirror/Mosby College Publishing, 1987.

Seixas, Judith S. and Geraldine Youcha. *Children of Alcoholism: A Survivor's Manual*. New York: Crown Publishers, 1985.

Wegscheider-Cruse, Sharon. *Another Chance: Hope and Health for the Alcoholic Family*. Palo Alto, CA: Science and Behavior Books, 1981.

Woititz, Janet. *Adult Children of Alcoholics*. Deerfield Beach, FL: Health Communications, 1983. [Rev. ed. 1990.]

_____. *Guidelines for Support Groups: Adult Children of Alcoholics, and Others Who Identify*. Deerfield Beach, FL: Health Communications, n.d.

_____.*Struggle for Intimacy*. Deerfield Beach, FL: Health Communications, 1985.

ADDITIONAL RESOURCES

Adult Children of Alcoholics
Central Service Board
P.O. Box 35623
Los Angeles, CA 90035

Al-Anon Family Group Headquarters
P.O. Box 862
Midtown Station
New York, N.Y. 10018-0862

Hazelden Educational Materials
Pleasant Valley Road
Box 176
Center City, MN 55012-0176

Health Communications/US Journal
Enterprise Center
3201 Southwest 15th Street
Deerfield Beach, FL 33442

National Association for
Children of Alcoholics
31706 Coast Highway
South Laguna, CA 92677